



Treece, KS Voluntary Relocation Program

Property Owner Information Form

Name: _____
(please print)

Date: _____

Treece Address: _____

Legal Description: _____

Please Check the Appropriate Box.

- 9 **YES** - I am interested in voluntary relocation assistance.
- 9 **UNSURE** – I am not sure, but I would like more information.
- 9 **NO** – I am not interested in voluntary relocation assistance.

Property Type: ☐ Residential ☐ Non-Residential *Business Name:* _____

Property Use: ☐ Primary Residence ☐ Primary Business ☐ Income (Rental) ☐ Vacant

If this is rental property please provide the monthly rental income: \$ _____

Residential Property: Length of time at this property: _____

Number of structures: House: _____ Garage: _____ Storage: _____ Livestock: _____

Type of House(s): Wood frame: _____ Modular: _____ Trailer House: _____ Size(s): _____

Type of Garage: Wood frame: _____ Metal: _____ Size(s): _____

Type of Storage Building: Wood frame: _____ Metal: _____ Size(s): _____

Commercial Structures: Length of time at this property: _____

Number of structures: _____ Construction: Wood frame: _____ Metal: _____ Brick/block: _____

Size: _____

Please provide additional contact information, especially if you do not live at Treece property.

E-mail: _____ Day Phone: _____

Evening Phone: _____ Cell Phone: _____

Mail Address: _____

City, State _____ Zip: _____

KDHE Contact: Bob Jurgens – Phone: (785) 296-1914; Email: bjurgens@kdheks.gov